

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010719

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4235

Registrar's No. 44

FILED APR 9 1962

VS 300  
Rev. 4/59

1 0470

2 0470

3

4 0

5 1

6

7 0

8 2

9 433.1

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Annapolis

Length of stay in 1b  
25 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

general delivery

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Iron

c. CITY  
OR TOWN

Annapolis

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
general deliveryReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

ALEXANDER

MOSS

## 4. DATE OF DEATH

Month

Day

Year

March 30 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

Oct 11 1886

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

building const.

## 11. BIRTHPLACE (City and state or country)

St. Louis Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Clay Moss

## 13b. MOTHER'S MAIDEN NAME

Percellia Marzen

## 14. NAME OF HUSBAND OR WIFE

Milderd Moss

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

6

## 17. INFORMANT

Address

Milderd Moss, Annapolis Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac decompensation

## INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Auricular fibrillation

2 wks.

## DUE TO (c)

Arteriosclerosis, general.

20 years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchial asthma

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-17-49 to 3-30-62 and last saw her alive on 3-26-62  
Death occurred at 11.25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Ben M. Bull, M.D.

## 22b. ADDRESS

Ironton, Mo.

## 22c. DATE SIGNED

4-2-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

4-2-62

## 23c. NAME OF CEMETERY OR CREMATORY

Annapolis Cemetery

## 23d. LOCATION (City, town, or county)

Annapolis Mo.

## (State)

## 24. FUNERAL DIRECTOR ADDRESS

White Funeral Home, Ironton Mo.

## 25. DATE RECD. BY LOCAL REG.

4-2-62

## 26. REGISTRAR'S SIGNATURE

Mrs. [Signature]

APR 12 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Amelia White

Licensed Embalmer No. 3012

P. O. Address Inverton, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.